I. Welcome and Introductions:
   a. See list below for attendees

II. Approval of Minutes
   a. The minutes were approved without any corrections. Motion put forth by Joe Wright and seconded by Jerry Boehm.

III. Follow-Up Items from Meeting on 9/29/08
   a. PCP Coordination: Kathy Belinn from DBHS Bureau of Policy attended the meeting and provided an update of the use of encrypted emails. HIPAA requires that each agency develop its own rules regarding the use of encrypted emails. DBHS cannot provide specific advisement but can issue a strong recommendation that providers establish electronic communication with PCP’s. DBHS cannot mandate or develop a protocol for use of encrypted emails since privacy practices must be at the advisement of each entity’s HIPAA privacy official. DBHS is in process of updating the policy regarding encrypted emails to clarify and will issue this update when this policy is up for review (A detailed review of this response is attached to these minutes as Appendix A)
      i. Follow-up item: Who from behavioral health is on the AHCCCS Health Information Exchange? Kathy Bellin to inquire within DBHS. Jerry and Emily to inquire within community
   b. AHCCCS Drop-Off Date Report: Discussed the use of the State Roster. Committee members reported that this only provides a list of current enrollees and not the drop-off date. Sean Bangert from DBHS offered to inquire if a Drop-Off Report exists. Status: Per Sean, he was unable to find a report of this kind
      i. Follow-up item: The Committee requests that a representative from AHCCCS attend the next meeting. Suggestions for invitees include: Kate Aurelius, Alex O’Hannon or Kristin Fronkelkner. Laura Henry to follow-up with Dr. Nelson about this request.
   c. Notices of Action: Discussed the ongoing confusion regarding this process. Grievance and Appeals is currently working on the policies pertaining to this issue to provide clarification for providers.

IV. Additional Follow-Up Items
   a. Human Resources Roster Report: RBHA’s are currently required to submit multiple roster reports with redundant data fields. Pertains to a network management issue of tracking specialty providers, staff qualifications, etc. If HR


i. **Response received from Adult Network Department:** They are not familiar with any report named “Human Resources Roster Report.” They believe the additional information provided regarding data fields for tracking specialty providers and staff qualifications refers to the Network Inventory which is submitted to ADHS on an annual basis.

The Network Inventory is not a roster of staff member names and qualifications; it is a collection of simple tables where we ask for aggregate numbers for a variety of data elements, including staff qualifications and specialty providers. The Network Inventory is currently under revision for FY 2009, and they are looking at cutting a number of data elements out that are currently being captured in other reports.

b. **Notices and Appeals Ad Hoc Committee:** This committee met in September 2008 and a written report is attached as Appendix B

i. The Committee was asked to provide clarification and to review a suggestion from the ad hoc committee on the following recommendation: Streamline notice and appeals process by developing a single form and timeline for notices and appeals. The SEC confirmed that this recommendation refers to the entire notices and appeals process. The ad hoc committee suggested DBHS create a broad-based guideline document to help clarify the process. The SEC was open to the idea and asked to see a copy of the document to determine if it would assist in the process.

c. **Cultural Competency Assessment to be required by DBHS:** The Council of Human Service Providers has been a part of the process, but they are concerned that other state agencies will begin to require similar assessments and this would result in redundancy and excessive use of staff time. Jerry would like to see if the assessment can be shared with other state agencies and encourage collaboration amongst the agencies

i. **Follow-up item:** Laura to follow-up with Norma Garcia-Torres who is leading the effort within DBHS

d. **Intake Documents Ad Hoc Committee:** The committee would like to form a sub-committee that will evaluate each form required at intake. This sub-committee should include representatives from: OBHL, DBHS, RBHA, Providers, AHCCCS, consumers, family members at minimum. Joe, Emily, Gen and Dr. Morris volunteered to be on this committee.

V. **DBHS Internal Efficiency Committee**

a. **Review of Quick Fix Accomplishments:** See “Recommended Suggestions for Change.” Follow-up items will be reviewed at the next SEC
b. **Children’s System of Care Report:** Laura Henry shared that DBHS Children’s System of Care 2010 report will be revamped to reduce the number of requirements. Following this meeting, Laura forwarded a request from Kim Engle at DBHS requesting community feedback regarding the report.

VI. **Reports from T/RBHA Efficiency Committees**

a. Cenpatico: Have held one meeting so far and are scheduled to meet a week after the SEC. They are currently reviewing the requirements for reporting from their providers to determine how these could be decreased. They plan to evaluate the demographics to determine if they can be used as a primary source of information.

b. Magellan: The first meeting for Magellan would be held the same day as this SEC meeting. Chris plans to review the “recommended suggestions for change” with this committee and provide a report at the next SEC.

c. CPSA: No one from CPSA was able to attend this meeting

d. NARBHA: Their committee is reviewing mandatory trainings and committee participation

e. Navajo: No one from Navajo was able to attend this meeting

VII. **Open Discussion**

a. **Case Manager Transportation:** The Committee expressed concerns that they are required to deduct 25 miles each way when transporting. Are unable to bill for transportation code and are forced to eat this service. Requested reconsideration of this requirement.

   i. **Follow-up item:** *Will need to be discussed with Dr. Nelson. Laura Henry to follow-up. The committee provided these examples for review following the meeting.*

   Example 1: Home visit with client as client does not have reliable transportation. Drive from Page to Bitter Springs which is 25 miles exactly. Client is not home, or does not open door for Counselor. The client has no minutes left on their cell phone plan in order to confirm prior to driving to their home. Staff leave and drive to next clients home which is 10 miles back toward Page. Do home visit with second client and drive back to Page. No billing for mileage related to trip. (Staff drove 50 miles with no billing related to mileage)

   Example 2: Client needs to go to the inpatient unit but is willing to go voluntarily. Family will not transport the client. Staff take client to Flagstaff which is 125 miles one way. Two people must transport in order to ensure the safety of the client. One staff member can bill mileage while the other might bill a little mobile crisis while talking to the client. On the way back one staff bills mileage and the other can bill nothing for two (2) hours as the client is no longer in the car.
Example 3: CFT is being conducted at families home in Colorado City. Clinical Liaison drives 35 miles from Fredonia to Colorado City. 10 miles are billed. Conduct CFT with team and family. Clinical staff than see three more clients that are 15 miles, from each other than drives back to office for another 35 miles which only 10 are billable. At the end of the day the staff member only billed for 20 miles when in reality they drove over 115 miles that day to see clients.

VIII. **Next Meeting:** December 16, 2008, 1:30pm-3:00pm
## Attendees of the Statewide Efficiency Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Laura Henry, Special Projects Administrator</td>
<td>ADHS/DBHS</td>
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<td>Dara Stewart, Quality Management</td>
<td>ADHS/DBHS</td>
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<tr>
<td>Sean Bangert, Quality Management</td>
<td>ADHS/DBHS</td>
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<tr>
<td>Kathy Belinn, Policy</td>
<td>ADHS/DBHS</td>
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<tr>
<td>Chris Damle, Regional Clinical Director</td>
<td>Magellan</td>
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<tr>
<td>Kelly Brown, Interim Clinical Director</td>
<td>NARBHA</td>
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<td>Jerry Boehm: Director of Operations</td>
<td>Arizona Council For Human Service Providers</td>
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<tr>
<td>Joe Wright, Executive Director</td>
<td>Community Behavioral Health Services</td>
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<tr>
<td>Renee Waterstradt</td>
<td>Cenpatico (on Emily Wetter’s behalf)</td>
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<tr>
<td>Maurice Miller</td>
<td>Consultant (Original Committee Member)</td>
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## Committee Members Not in Attendance

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Robert Wilderman: Chief Executive Officer</td>
<td>Community Counseling Center (Original Committee Member)</td>
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<tr>
<td>Roberta Howard</td>
<td>NazCARE (Original Committee Member)</td>
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<tr>
<td>Johnie Golden</td>
<td>ADHS/OBHL (Original Committee Member)</td>
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<tr>
<td>Genevieve NezHolona, Clinical Specialist</td>
<td>Navajo</td>
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<tr>
<td>Noel Gonzalez, Director of Performance Improvement and Quality Management</td>
<td>CPSA (Original Committee Member)</td>
</tr>
<tr>
<td>Emily Wetter</td>
<td>Cenpatico</td>
</tr>
<tr>
<td>Mitch Klein, Acting CEO</td>
<td>C.H.E.E.R.S., Inc</td>
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Appendix A
Response from DBHS Bureau of Policy regarding PCP Coordination

Recommendation - PCP Coordination - Develop a protocol for use of encrypted e-mail to share medical and behavioral information for adults with SMI and individuals referred by PCPs, with a long-range goal of web-based access to health records.

Introduction:

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) required the Department of Health and Human Services (HHS) to establish national standards for the security of electronic health care information. The final rule adopting HIPAA standards for security was published in the Federal Register on February 20, 2003. This final rule specifies a series of administrative, technical, and physical security procedures for covered entities to use to assure the confidentiality of electronic protected health information. The standards are delineated into either required or addressable implementation specifications.

Definitions: See 68 Fed. Reg. 8333, 8334 (Feb. 20, 2003); see also 45 CFR § 160.103 (definitions of electronic protected health information, protected health information, and electronic media).

Electronic protected health information (E PHI)
Is PHI that is transmitted by or maintained in electronic media. Electronic media includes devices used for storage such as computers (hard drives) and any removable/transportable digital memory medium (i.e., magnetic tape or disk, digital memory card, etc.). Electronic media also includes devices used to transmit information already in electronic storage media (i.e., internet, extranet, leased lines, dial-up lines, private networks, physical movement of removable/transportable electronic storage media). Telephones and fax machines are not considered electronic media for purposes of the Security Rule. Information obtained in paper form or other non-electronic media is not subject to the Security Rule.

Electronic storage media
Electronic storage media including memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card. Part II, 45 CFR § 162.103

Transmission media
Is used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain
transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media, because the information being exchanged did not exist in electronic form before the transmission. 45 CFR § 160.103.

Considerations:

The Electronic Protected Health Information (EPIH) is under the responsibility of a HIPAA covered entity.
Specifically, with respect to remote access to or use of EPHI, the T/RBHA and Providers will need to identify all the compliance scenarios², such as Risk analysis and risk management strategies; Policies and procedures for safeguarding EPHI; Security awareness and training on the policies & procedures for safeguarding EPHI, among others.

Each T/RBHA and Providers presents a unique set of challenges and should be individually addressed, in this instance ADHS/DBHS is not involved in the sharing of information between the T/RBHA, provider or PCP. As such, ADHS/DBHS does not have authority to give direction on this issue. Although the HIPAA security rule does not allow covered entities to make their own rules regarding security, it does allow covered entities to make “their own technology choices.”¹

The T/RBHAs and providers are required to consult with their individual HIPAA Privacy Official or legal counsel, to develop internal policies regarding HIPAA requirements. However, they should strive to incorporate any other appropriate strategies to ensure the protection of EPHI in accordance with the HIPAA Security Rule at §164.308(a)(4) and the HIPAA Privacy Rule at §164.508.

DBHS can only articulate federal HIPAA requirements in a general way as we do in our Provider Manual 4.1 (and where we direct the T/RBHAs and providers to consult with their HIPAA Privacy Officer or attorney), but we cannot dictate how to administratively implement these HIPAA rules – the T/RBHAs and providers must develop their own internal policies and procedures – for example, on how to share encrypted e-mail to share medical information between the behavioral health providers and the primary care physicians.

In the best interest of all the parties involved in the process of sharing information, ADHS/DBHS can revise Provider Manual Section 4.3, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers, and can incorporate guidance for the exchange of Electronic protected health information (EPIH).
The HIPAA Security and Privacy Rules require all covered entities to protect the EPHI that they use or disclose to business associates, trading partners or other entities. New standards and technologies have significantly simplified the way in which data is transmitted throughout the healthcare industry and created tremendous opportunities for improvements in the healthcare system. However, these technologies have also created complications and increased the risk of loss and unauthorized use and disclosure of this sensitive information.²

² CMS, Centers for Medicare and Medicaid Services.

Findings:

1. The Responsibility for compliance with the Security Rule rests individually in each T/CRBHA and Provider.

2. For ADHS/DBHS, it is imperative that the T/CRBHA and Providers understand the obligations when it comes to implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of a recipient’s EPHI.

3. The HIPAA security rule requires covered entities that maintain or transmit electronic PHI to maintain reasonable and appropriate administrative, technical, and physical safeguards to ensure the confidentiality, integrity, and availability of electronic PHI, to protect against reasonably anticipated threats or hazards to the security or integrity of the electronic PHI, to protect against reasonably anticipated unauthorized uses or disclosures of the electronic PHI, and otherwise to ensure their officers’ and employees’ compliance with the security rule. SSA § 1173(d)(2); 45 CFR § 164.306(a).

If you have follow-up questions, you may contact the DBHS HIPAA Privacy Officer:

Katherine M. Belinn, MPH
Ph: (602) 364-4661
Fax: (602) 364-4762
belinnk@azdhs.gov

Margaret Russell,
Bureau Chief of Policy
Bureau of Compliance - Policy Office
Appendix B

Summary “Notices and Appeals” Paperwork Efficiency Meeting Minutes

Streamline notice and appeals process by developing a single form and timeline for notices and appeals.
Further clarification needs to be sought from the Statewide Efficiency Committee regarding which notice and appeals process, e.g., SMI appeals, grievance, Title XIX/XXI, and Non-Title XIX/XXI needs to be streamlined. Does this refer to a piece of the process or the entire process? According to the Statewide Efficiency Committee, this does refer to the entire process.

Suggestion from the ad hoc committee: Would it be helpful if DBHS developed a broad guideline document providing an overview of the process. This was developed in the past by DBHS. According to the Statewide Efficiency Committee, this would be helpful and they would be interested in reviewing the document.

Reduce instruction sets for notices and appeals in the Provider Manual and within policies by combining policies and Provider Manual sections on notices and appeals.
Request clarification from DBHS Bureau of Policy: Are there truly inconsistencies between the Provider Manual and the Policies and Procedures Manual? If not, is this simply an educational issue that could be resolved through training to T/RBHA staff on the notices and appeals process? In the past, Margery Sheridan has provided this training.

Improve submission of appeals information by establishing a method for electronic submission.
DBHS Bureau of Policy is working toward having all Provider Manual forms available electronically. Policy is creating electronic forms using fill in and save PDF forms using Adobe Reader software. The forms will be available to the T/RBHAs, which will add their information to the forms and make the forms available to the providers. Marlayne Smithbolden will talk with Margaret Russell about the Policy area’s pending electronic forms. The workgroup discussed concerns regarding who will be the BHS contact person for the forms, will the forms be available to the clients, and printed or e-mail submission of the forms.

Improve user-friendliness of notice and appeals by utilizing a form maker to design actual notice templates.
There are restrictions on AHCCCS’ mandated forms, e.g., Notice of Action, as to the contents of the forms. The time constraints on the Consumer Rights’ staff will impact when/if the staff’s can improve the notice and appeals forms.

Improve customer-friendliness of notice and appeal process by hosting consumer/family focus groups to gather information.
The ad hoc committee suggested the involvement of the Office of Individual and Family Affairs (OIFA) concerning the establishment of consumer/family focus groups. Currently, the OIFA only has 2 staff persons. Once fully staffed, their involvement will be requested.

**Streamline reporting requirements for incident/accident/death and seclusion/restraint reports by reviewing, consolidating and condensing reports where possible and developing a system for transmission via secured electronic file (i.e., web portal)**

This recommendation will be reposed to the QM/Clinical committee for further review.